

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS667HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>VALLEY HOSPITAL MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>620 SHADOW LANE LAS VEGAS, NV 89106</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 03/26/10 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024533 was substantiated with deficiencies cited. (See Tag S0300). Complaint #NV00024432 was substantiated with deficiencies cited. (See Tag S0150).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 151 SS=D	<p>NAC 449.332 Discharge Planning</p> <p>9. The evaluation of the needs of a patient relating to discharge planning and the discharge plan for the patient, if any, must be documented in his medical record.</p> <p>This Regulation is not met as evidenced by: Based upon record review and interview, it was determined that the facility did not ensure that an</p>	S 151		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 151	Continued From page 1  the needs of one of three patients were evaluated and documented in the medical record. Specifically, no documentation was found that one patient had been educated not to drive after receiving a narcotic drug (Patient Identifier: 3).	S 151		
S 300 SS=G	NAC 449.3622 Appropriate Care of Patient  1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.  This Regulation is not met as evidenced by: Based upon record review and interview, it was determined that the facility did not ensure that treatment was provided based upon the assessment of one of three patients (Patient Identifier: 2).  Findings:  On 03/26/10, an abbreviated survey was conducted to investigate an allegation that the facility did not treat one of three sampled patients for a foreign body embedded in her foot. Patient 2 was admitted to the facility on 09/27/08 for cellulitis of the foot, a heel and midfoot ulcer, tenosynovitis of the foot and ankle, lung disease, hypertension, and hypercholesterolemia. An x-ray of the right foot was ordered to "R/O (rule out) a FB (foreign body)".  At 09/27/09 at 6:41 AM, three view x-ray was performed. The findings indicated that "On the	S 300		

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S 300	<p>Continued From page 2</p> <p>lateral film only I see a triangular density ventral to the toes. This is probably ventral to the 4th MTP joint. This could represent a glass shard. It is odd that I only see it only one view (sic)". The impression in the report stated, "Possible 7 mm x 2 mm triangular foreign body just ventral to the 4th MTP joint but I only see this on one view". The Discharge Summary stated "On the 3-view foot x-ray, and there was a triangular foreign body just ventral to the 4th MTP joint was only seen on 1 view however. It was not reseen on the MRI of the right foot...". Patient 2 was then discharged. She was admitted to another facility in December for a continued infection in her foot. A right foot MRI dated 12/04/08 stated under "Impression", "Probable 5 mm in size foreign body within the plantar soft tissues at this level".</p> <p>Patient 2 subsequently underwent surgery for the removal of this foreign body at another facility. Her Discharge Summary from that facility, dated 12/08/08, stated, "The patient had lower extremity foot osteomyelitis. The patient had a glass foreign body removed...".</p> <p>Based upon the findings of this investigation, the allegation was substantiated.</p>	S 300		

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